

# Professional Surveyor Reference

Please circle one: applying for PS exam or by Comity.

Applicant completes the top box(es)

Applicant 's Name:
Address:
Phone #:

Have You And Respondent Been Employed By, Or Been Members Of, The Same Firm? Yes ☐ No ☐

If Yes, Please Supply The Following Information:

From-To
Name Of Firm
City
Applicant 's Position
Respondent 's Position

Have You Known Each Other In Other Circumstances? Yes \_\_\_ No \_\_\_ If yes, give dates and explain on separate sheet.

1. Is the above information correct as stated? Yes \_\_\_ No \_\_\_ If no, please explain on back of this form.
2. How long have you known the applicant? \_\_\_\_\_
3. I (am) (am not) related. Relationship \_\_\_\_\_
4. What is your business relationship to the applicant? \_\_\_\_\_
5. Please define the individuals character and reputation. \_\_\_\_\_
6. Do you have personal knowledge of the applicant's surveying work? Yes \_\_\_ No \_\_\_
7. Would you entrust the applicant with the responsibility for an important surveying project involving the welfare and safety of the public? Yes \_\_\_ No \_\_\_ If no, please explain \_\_\_\_\_
8. How do you rate the practice and quality of performance of the applicant's surveying work?

Type of Practice	Above Average	Average	Below Average	Unsatisfactory
parcel boundary surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
subdivision surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plat drafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boundary research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other boundary surveying work which justify applicant's registration as a surveyor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. I (would)(would not) employ applicant on a project where his/her decisions would be final because:

10. The following is my evaluation of the applicant's ability as a professional surveyor \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY Name of Respondent		
Respondent 's Professional Surveying Registration: State	*Reg. #	Year
Name of Respondent 's Firm:		
Address:		Phone:
Signature:	Position In Firm:	
Date:		

\*ALL NON-ARKANSAS P.S. REFERENCES MUST SUPPLY VERIFICATION OF CURRENT REGISTRATION.

Please mail to: AR Board of Engineers and Land Surveyors, P.O. Box 3750, Little Rock, AR 72203-3750.

Revised 11/05